



2017 Liability Waiver & Information Form

Please return to:

PRCS-Spartan Recreation Center
202 NE 185th St Shoreline, WA 98155

Phone: (206) 801-2600 Fax: (206) 801-2793 Email: shorelineparks@shorelinewa.gov

This form covers all recreation programs and community events offered by the Shoreline Parks, Recreation and Cultural Services Department (PRCS) for the year 2017. Please read and fill out this form completely and legibly. This information will be used in the event of an emergency. **This form must be on file with the PRCS Department prior to registration.**

First Name	Last Name	Gender (optional)	Date of Birth	Medical/Allergy Alerts (required field, N/A if none)
PARENTS/GUARDIANS				
<i>Main Contact</i>				
1.				
2.				
PARTICIPANT				
1.				
2.				
3.				
4.				
Address:				
City/State/Zip:				
Phone:	<i>Cell Phone</i>	<i>Home Phone</i>	<i>Work Phone</i>	
Email Address:				

Section Two: Please provide an Emergency Contact NOT listed above:

Emergency Contact Name	Relationship	Cell Phone	Home Phone
1.			

I am 18 years of age or order, fully competent and am the parent or legal guardian of the minor children shown on this Liability Waiver Form. It is important to me that I and/or my child(ren) be allowed to participate in recreation programs and community events offered by the Shoreline Parks, Recreation, and Cultural Services Department. I understand that these programs and events include, but are not limited to, dance, sports, fitness, aquatics, and other special interests classes, and I understand there are special dangers and risks inherent in these programs and events including, but not limited to, the risk of serious physical injury, death, or other harmful consequences which may arise directly or indirectly from my participation and/or the child's participation in the activity. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of me and/or my child(ren) being allowed to participate in the activity and/or use the City facilities, I assume all risk of injury, damage, and harm to myself or my child(ren) which may arise from my participation or my child's participation in the activities or use of City facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, and agents, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me or my child(ren) arising out of my participation or the child's/children's participation in the activity.

I hereby authorize the use of photos/ video of above listed participants.

I understand that if I DO NOT wish to have photographs and/or videotapes of me or my child/children/ward to be utilized for promotional purposes, I must call (206) 801-2600 prior to the first day of the program and/or event.

Main Contact/1	Print Name:	Date:
	Signature:	Date:
Main Contact/2	Print Name:	Date:
	Signature:	Date:



2017 Specialized Recreation Program

Participant Information Form

PARTICIPANT INFORMATION

Name: _____
First Middle Last

Gender: ☐ Male ☐ Female ☐ _____ **Age:** _____ **Birth date:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

E-mail address for program updates: _____

Participants Home Phone:() _____ **Participant's Cell:**() _____

Is the participant his/her own guardian? ☐ Yes ☐ No

Will the participant be bringing an Attendant to programs: ☐ Yes ☐ No

GROUP HOME AGENCY (if applicable): _____

Contact Name: _____ **Phone:**() _____

Email: _____

Supervisor/House Lead of Group Home: _____

DDD/DSHS Case Manager Name and Phone Number:

DDD/DSHS Case Manager Email:

Participant would like to request/apply for: ☐ DDD Respite Funds ☐ Scholarship (separate application is required)

PARENT/GUARDIAN INFORMATION

Name: _____ **Relationship to participant:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Parent/Guardian Numbers:

Name: _____ **Relationship to participant:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

List two additional emergency contacts:

1. _____ **Relationship to participant:** _____

Phone:() _____

2. _____ **Relationship to participant:** _____

Phone:() _____

HEALTH and PHYSICAL INFORMATION

Disability:

Physical (including mobility, hearing, vision)

Cognitive (including behavior/emotional)

Medical (Doctor's restrictions on activities, allergenic reactions/allergies):

Dietary Restrictions:

If any serious allergic reactions should occur, the City of Shoreline staff will immediately call 911

SEIZURES

If the participant is subject to seizures, please describe type, frequency and duration:

Symptoms for seizures

Before: _____

During: _____

After: _____

Most recent: _____

*****911 will be called for all seizures lasting longer than 5 minutes (or shorter if requested)*****

PARTICIPANT COMMUNICATION

☐ Verbal

☐ Non-Verbal

If non-verbal, what communication methods are used:

If the participant uses any communication devices, please list: _____

BEHAVIORS

To help the participant succeed and better accommodate their needs, please share any behavioral issues we should be aware of. Please be thorough and descriptive:

☐ Anger: _____

☐ Problems with Authority: _____

☐ Wandering: _____

☐ Withdrawn/Shy: _____

☐ Easily Discouraged: _____

☐ Hyperactive: _____

☐ Easily Distracted/Short Attention Span: _____

☐ Bites/Scratches/Kicks: _____

☐ Anxiety: _____

☐ Phobias: _____

☐ Self-Abuse _____

☐ Inappropriate/overt sexual behavior: _____

☐ Inappropriate behavior around children: _____

☐ Conviction of Sexual Offense: _____

☐ Other: _____

Successful types of positive reinforcement:

Are there any settings or activities that might cause behavior difficulties? (i.e., noisy surroundings, airplanes, escalators, elevators, flashing lights, etc.?) _____

Describe the best way to get the participant involved in an activity: _____

Please indicate the best way to introduce or explain new tasks or transitions: _____

Please indicate what types of things frustrate the participant: _____

How can the participant be redirected? _____

Is this the first experience for the participant with our department? ☐ Yes ☐ No

If NO please list the name and dates of the last few programs attended: _____

Any additional information you think may be helpful to know:

PICK UP and DROP OFF INFORMATION

☐ ACCESS- Metro

☐ Walks Home Independently

☐ Parent/Guardian

☐ Group Home/Caretaker

☐ Family or Friend

☐ Public Transportation- (The participant can leave at own will)

Please list any concerns of transportation arrangements: _____

This information form will be kept on file in the Recreation Office.